

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/28/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155384		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/14/2011	
NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-LINCOLN HILLS				STREET ADDRESS, CITY, STATE, ZIP CODE 402 19TH STREET TELL CITY, IN47586			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This was for a post survey revisit (PSR) to the recertification and state licensure survey completed on 3/1/11.</p> <p>Survey Date: April 14, 2011</p> <p>Facility Number: 000411 Provider Number: 155384 AIM Number: 100275100</p> <p>Survey Team: Martha Saull, RN TC Terri Walters, RN Liz Harper, RN</p> <p>Census Bed Type: SNF/NF: 75 Total: 75</p> <p>Census Payor Type: Medicare: 12 Medicaid: 49 Other: 14 Total: 75</p> <p>Sample: 12</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 4-15-11 Cathy Emswiller RN</p>			F0000	<p>Preparation and submission of this Plan of Correction does not constitute any admission or agreement of any kind by the facility of the truth of any conclusion set forth in this allegation. Accordingly, the facility has prepared and submits this Plan of Correction solely as a requirement under State and Federal Law that mandates a submission of a Plan of Correction as a condition to participate in Title 18 and 1 programs. The facility would like to request a desk review of this finding.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0282  SS=D	<p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility failed to ensure a physician's order was followed for a lab to monitor therapeutic levels of a blood thinner medication was obtained for 1 of 3 residents reviewed with anticoagulant therapy in sample of 12. Resident #56</p> <p>Findings include:</p> <p>The clinical record of Resident #56 was reviewed on 4/14/11 at 12:10 P.M. Diagnoses included, but were not limited to, the following: atrial fibrillation. The current April 2011, MAR (medication administration record) was reviewed at this time. This indicated for the medication Coumadin (anticoagulant medication with dosing regulated by the lab test PT/INR) was held on 4/1, 4/2 and 4/3/2011. This medication was resumed on 4/4/11 and continued to be administered to the resident to the current date.</p> <p>A lab report for a prothrombin time (PT) collected on 4/1/11 at 5:30 A.M., indicated the following result: PT 64.0,</p>			F0282	<p>How will the corrective action be accomplished for residents found affected by the alleged deficient practice cited: Corrective measures accomplished for resident #56 were as follows: Lab (PT/INR) was drawn stat on April 14, 2011 with results within normal range. Results were reported to the physician as soon as results were available. How will other residents having the potential to be affected by the alleged deficient practice cited be identified: The facility recognizes that all residents have the potential to be affected by the alleged deficient practice cited. Other residents with the potential to be affected by the alleged deficient practice were identified by audits of those residents on blood thinners performed on April 14, 2011. No other residents were found to be affected. What measures/system changes will be made to ensure that the deficient practice does not reoccur: The measures put into place to ensure the alleged deficient practice does not recur is as follows: Education was provided to licensed nurses responsible for assuring that the protocol for the lab process is followed. Systemic changes made include: The DNS and/or designee will assure the</p>		05/06/2011

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	<p>control 17.8; INR (International Normalized Ratio) 5.6. /International Normalizational Ratio)</p> <p>Nurses notes, dated 4/1/11 at 1:29 P.M., indicated the following: "Lab report faxed to (physician name) this AM, due to lab calling with critical results. Report returned to facility with new orders for the following: 1. Recheck PT/INR Monday 4-4-11; 2. Hold Coumadin until Monday..."</p> <p>A copy of the above lab report faxed back to the facility from the physician, indicated the following physician order: "Hold Coumadin, recheck INR Monday, (physician initials)."</p> <p>A physician order, dated 4/1/11, indicated the following: "Recheck PT/INR (prothrombin time/International Normalizational Ratio) Monday 4-4-11."</p> <p>A physician order, dated 4/1/11 indicated the following: "Coumadin 3 mg..., 1 tab (tablet)...(sic), Hold until Monday."</p> <p>On 4/14/11 at 12:45 P.M., the DON (Director of Nursing) was made aware of the lack of the PT/INR having been drawn on 4/4/11.</p> <p>On 4/14/11 at 12:50 P.M., the DON was</p>				<p>following is in place: (a) Lab requisition is filled out correctly to match the order and order is transcribed properly; (b) Validate that the lab orders are faxed to lab timely, placed on calendar and validate that orders match lab obtained and physician is notified of lab work results timely as well as family notification. How will facility implement, integrate, and monitor the corrective action for effectiveness: Corrective actions will be monitored by the DNS and/or designee by audits 5x weekly during the clinical startup for 7 months. The audits will be validated as completed in the afternoon stand down meeting by the DNS and/or designee 5x weekly for 7 months. Reviews will be submitted by the DNS and/or designee to the QA committee for discussion for 7 months and as needed thereafter. Interventions will be put into place as needed.</p>		

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	<p>interviewed. She indicated documentation was lacking of a PT/INR having been drawn on 4/4/11.</p> <p>Nurses notes, dated 4/14/11 at 1 P.M., indicated the following: "Noted that scheduled PT/INR which was to be completed 4/4/11 was not performed due to not on schedule calendar. Phone call to (physician name) regarding above. Orders for stat PT/INR...No adverse effects of Coumadin therapy noted or reported. Will continue to monitor."</p> <p>Nurses notes, dated 4/14/11 at 1:51 P.M., indicated the following: "Protime results received as protime 21.8, INR 1.5..."</p> <p>Nurses notes, dated 4/14/11 at 2:19 P.M., indicated the following: "Orders received to continue Coumadin (3 mg) 3 mg tablet oral/by mouth: Coumadin 3 mg daily and recheck protime with INR in one week..."</p> <p>3.1-35(g)(2)</p>						